

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
*(FOR USE WITH FORM/PTO-875)*

SERIAL NO.  
*09/6425956*

FILING DATE  
*10/25/79*

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/			/		
4	/			/		
5	/			/		
6	/			/		
7	/			/		
8	/			/		
9	/			/		
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12	/			/		
13	/			/		
14	/			/		
15	/			/		
16	/			/		
17	2			1		
18	2			1		
19	2			1		
20	2			1		
21	2			1		
22	2			1		
23	2			2		
24	2			2		
25	2			2		
26	2			2		
27	2			2		
28	2			2		
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31	/					
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35				1		
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37				1		
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TOTAL IND.	4					
TOTAL DEP.						
TOTAL CLAIMS	48					

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IND.	DEP.	IND.	DEP.
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99			
100			
TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS